
State:	Arkansas	Filing Company:	Combined Insurance Company of America
TOI/Sub-TOI:	H02I Individual Health - Accident Only/H02I.000 Health - Accident Only		
Product Name:	Accident Only		
Project Name/Number:	14100/14100		

Filing at a Glance

Company:	Combined Insurance Company of America
Product Name:	Accident Only
State:	Arkansas
TOI:	H02I Individual Health - Accident Only
Sub-TOI:	H02I.000 Health - Accident Only
Filing Type:	Form
Date Submitted:	11/21/2012
SERFF Tr Num:	ACEH-128751874
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	14100
Implementation	On Approval
Date Requested:	
Author(s):	Anita Sibley
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	11/27/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H02I Individual Health - Accident Only/H02I.000 Health - Accident Only
Product Name: Accident Only
Project Name/Number: 14100/14100

General Information

Project Name: 14100 Status of Filing in Domicile: Pending
Project Number: 14100 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Submitted to our state of domicile on 11/20/2012.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 11/27/2012
State Status Changed: 11/27/2012
Deemer Date: Created By: Anita Sibley
Submitted By: Anita Sibley Corresponding Filing Tracking Number:

Filing Description:

This is a new filing. Form No. 14100 is an Urgent Care Center Benefit Amendatory Rider. It is a new form that will not replace any existing form.

The required Variability Memorandum, Flesch Certification, and Certification of Compliance are included under the supporting documentation tab.

The rider, which provides a flat dollar indemnity benefit when an insured person is treated at an Urgent Care Center for a covered injury, will be issued to new and existing policyholders of Accident Only Policy 14027-AR. The approved premium rates for the Accident Only Policy are not affected by this additional benefit.

Accident Only Policy 14027-AR and the corresponding rates, which are not changing, were approved by your department on 08/25/2005, under SERFF Filing No. USPH-6FHQKB441 and State Tracking No. 30393.

The Accident Only Policy will continue to be marketed by our individual agents, by our Worksite Solutions Division's sales force with premiums paid through payroll deduction, and/or by direct marketing methods. In cases where an application is taken electronically, we certify that we will continue to comply with your state statutes regarding electronic signatures.

Thank you for your consideration of this filing. If you have any questions or concerns regarding the submission, please feel free to contact me.

Company and Contact

Filing Contact Information

Anita Sibley, Policy Analyst anita.sibley@combined.com
1000 Milwaukee Ave 847-953-1526 [Phone]
Glenview, IL 60025 847-953-1557 [FAX]

Filing Company Information

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
1000 North Milwaukee Ave.	Group Code: 626	Company Type: A&H
Glenview, IL 60025	Group Name: ACE USA	State ID Number:
(847) 953-2025 ext. [Phone]	FEIN Number: 36-2136262	

State: Arkansas
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: Accident Only
Project Name/Number: 14100/14100
Filing Company: Combined Insurance Company of America

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: AR filing fee = \$50 per form
IL (our state of domicile) filing fee = \$50 per form

Since the filing fee for both AR and IL are the same, the filing fee is submitted under AR requirements.

\$50 per form x one form = \$50

Per Company: No

Company	Amount	Date Processed	Transaction #
Combined Insurance Company of America	\$50.00	11/21/2012	65139973

State:	Arkansas	Filing Company:	Combined Insurance Company of America
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only		
Product Name:	Accident Only		
Project Name/Number:	14100/14100		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/27/2012	11/27/2012

State:	Arkansas	Filing Company:	Combined Insurance Company of America
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only		
Product Name:	Accident Only		
Project Name/Number:	14100/14100		

Disposition

Disposition Date: 11/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Variability Memorandum	Approved-Closed	Yes
Form	Urgent Care Center Benefit Amendatory Rider	Approved-Closed	Yes

State:	Arkansas	Filing Company:	Combined Insurance Company of America
TOI/Sub-TOI:	H021 Individual Health - Accident Only/H021.000 Health - Accident Only		
Product Name:	Accident Only		
Project Name/Number:	14100/14100		

Form Schedule

Lead Form Number: 14100								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 11/27/2012	Urgent Care Center Benefit Amendatory Rider	14100	POLA	Initial		52.267	14100.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Combined Insurance Company of America
[111 East Wacker Drive • Suite 700 • Chicago, Illinois 60601]

**URGENT CARE CENTER BENEFIT
AMENDATORY RIDER**

It is hereby agreed and understood that the following benefit and definition are added to the policy.

	Insured	Spouse[Domestic Partner/Civil Union]	Child
Urgent Care Center Benefit per Accident	[\$50]	[\$50]	[\$50]

DEFINITIONS

Urgent Care Center means a free-standing facility that is not part of a Hospital or Emergency Room, whose primary purpose is the offering and provision of immediate, short-term medical care, without appointment for urgent care. Urgent Care Center does not include:

1. Retail or similar clinics with limited scope of service located within a: pharmacy; supermarket; or similar retail facility;
2. Physician offices with only selected hours of walk-ins;
3. Chiropractic offices; or
4. Pain clinics.

BENEFIT

If, because of Injury, and within 48 hours of the Covered Accident that caused the Injury a Covered Person requires treatment at an Urgent Care Center, We will pay the applicable benefit amount shown above. We will pay either the Emergency Room Benefit as described in your policy or the Urgent Care Center Benefit, but not both, for the same Covered Person from the same Covered Accident. This benefit is payable once for each Covered Accident.

All conditions and definitions in the policy shall apply to this rider.

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, conditions, agreements, exclusions or limitations of the policy, rider, or any amendments attached hereto, except as herein set forth.

This rider is part of the policy to which it is attached, Form No. [14028-AR]. It is issued by COMBINED INSURANCE COMPANY OF AMERICA.

The effective date of this rider is the same date as the policy or [January 2, 2013], whichever is later.



Brad Bennett, President



Carmine A. Giganti, Vice President and Secretary

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Supporting Document Schedules

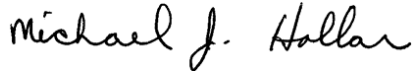
		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/27/2012
Comments:			
Attachment(s):			
Certification of Compliance.pdf Flesch Certification.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/27/2012
Bypass Reason:	Not applicable to a Rider Filing that does not affect the previously approved Applications.		
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	11/27/2012
Bypass Reason:	Not applicable to a Rider Filing that does not affect previously approved rates.		
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	11/27/2012
Bypass Reason:	Not applicable to a Rider Filing that does not affect the previously approved Outline of Coverage.		
		Item Status:	Status Date:
Satisfied - Item:	Variability Memorandum	Approved-Closed	11/27/2012
Comments:			
Attachment(s):			
14100 Variable Memo.pdf			

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Combined Insurance Company of America

Form Number(s): 14100

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Michael J. Hollar

Name

Assistant Secretary

Title

November 21, 2012

Date



November 20, 2012

READABILITY CERTIFICATION

We hereby certify that the following form has a Flesch Index Score of at least 50 and that it meets the reading ease requirements.

<u>Form Number and Description</u>	<u>Flesch Index Score</u>
14100 – Urgent Care Center Benefit Amendatory Rider	52.267

A handwritten signature in black ink that reads "Michael J. Hollar".

Michael J. Hollar
Assistant Secretary



Variability Memorandum

Form No. 14100 – Urgent Care Center Benefit Amendatory Rider

Bracketed Information	Options/Reasons
Home Office Address	Bracketed to address any future change in our Address
Domestic Partner/Civil Union	Bracketed to address current and/or future state mandates regarding coverage availability for Civil Union or Domestic Partnerships. Options include: Spouse; Spouse/Domestic Partner; or Spouse/Civil Union Partner.
Insured Benefit Amount	\$25 - \$100
Spouse Benefit Amount	\$00 - \$100
Child Benefit Amount	\$00 - \$100
Policy Form No.	Bracketed to address a change in the policy number to which the rider attaches.
Rider Effective Date	The date the rider becomes available for use.
Officers' Names, Titles and Signatures	Bracketed to address any future change of Executive Officers and/or Titles